

FEC FORM 5**REPORT OF INDEPENDENT EXPENDITURES MADE AND CONTRIBUTIONS RECEIVED****To Be Used by Persons (Other than Political Committees) including Qualified Nonprofit Corporations**

1. (a) Name of Individual, Organization or Corporation DEFENDERS OF WILDLIFE ACTION FUND	
(b) Address (number and street) <input type="checkbox"/> check if different than previously reported 1130 17TH ST NW	
(c) City, State and ZIP Code WASHINGTON DC 20036	3. FEC Identification Number C C90007907
2. Corporate filers only Is the filer a qualified nonprofit corporation? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Individual filers only Name of Employer Occupation	

4. TYPE OF REPORT (check appropriate boxes):

- (a) ☐ April 15 Quarterly Report ☒ 24-Hour Notice ☐ 48-Hour Notice
- ☐ July 15 Quarterly Report
- ☐ October Quarterly Report
- ☐ January 31 Year-End Report

(b) Is this Report an amendment? Yes ☐ No ☒

5. COVERING PERIOD: FROM

M	M
0	5

 /

D	D
1	7

 /

Y	Y	Y	Y
2	0	0	8

THROUGH

M	M
0	5

 /

D	D
1	9

 /

Y	Y	Y	Y
2	0	0	8

6. TOTAL CONTRIBUTIONS

.00

7. TOTAL INDEPENDENT EXPENDITURES.....

1674.88

Under penalty of perjury, I certify that the independent expenditures reported herein were not made with the cooperation or prior consent of, or in constitution with, or at the request or suggestion of, a candidate or a candidate's agent or authorized committee or a political party committee or its agent. In addition, if the independent expenditures reported herein were made by a corporation, I certify that the corporation is a qualified nonprofit corporation under the Commission's regulations.

TYPE OR PRINT NAME OF PERSON COMPLETING FORM

SIGNATURE

DATE

William Lutz

05/20/2008

NOTE: Submission of false, erroneous or incomplete information may subject the person signing this report to the penalties of 2 U.S.C. 437g.

For further information, contact:

Federal Election Commission, 999 E Street, N.W., Washington, D.C. 20463 Toll Free 800-424-9530, Local 202-694-1100

SCHEDULE 5-E
ITEMIZED INDEPENDENT EXPENDITURES

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FOR LINE 7 FOR FORM 5

NAME OF FILER (In Full)

DEFENDERS OF WILDLIFE ACTION FUND

Full Name (Last, First, Middle Initial) of Payee

Papa John's Pizza

Date

M M / D D / Y Y Y Y
0 5 / 1 7 / 2 0 0 8

Mailing Address

2206 Central Ave SW

Amount

46.60

City

Albuquerque

State

NM

Zip Code

87106

Purpose of Expenditure

pizza for canvassers

Category/
Type

Office Sought:

☐ House

State: NM

Senate

☒ Senate

District: _____

☐ President

Check One:

☐ Support☒ Oppose

Name of Federal Candidate Supported or Opposed by Expenditure:

Heather Wilson

Calendar Year-To-Date Per Election
for Office Sought

425.76

Disbursement For:
2008☒ Primary☐ General☐ Other (specify) _____

Full Name (Last, First, Middle Initial) of Payee

Hornstones

Date

M M / D D / Y Y Y Y
0 5 / 1 7 / 2 0 0 8

Mailing Address

PO Box 73996

Amount

360.06

City

San Clemente

State

CA

Zip Code

92673

Purpose of Expenditure

car horn for campaign event

Category/
Type

Office Sought:

☐ House

State: NM

Senate

☒ Senate

District: _____

☐ President

Check One:

☐ Support☒ Oppose

Name of Federal Candidate Supported or Opposed by Expenditure:

Heather Wilson

Calendar Year-To-Date Per Election
for Office Sought

360.06

Disbursement For:
2008☒ Primary☐ General☐ Other (specify) _____

Full Name (Last, First, Middle Initial) of Payee

William Lutz

Date

M M / D D / Y Y Y Y
0 5 / 1 9 / 2 0 0 8

Mailing Address

2321 2nd Street So

Amount

57.23

City

Arlington

State

VA

Zip Code

22204

Purpose of Expenditure

salary

Category/
Type

Office Sought:

☐ House

State: NM

Senate

☒ Senate

District: _____

☐ President

Check One:

☐ Support☒ Oppose

Name of Federal Candidate Supported or Opposed by Expenditure:

Heather Wilson

Calendar Year-To-Date Per Election
for Office Sought

.00

Disbursement For:
2008☒ Primary☐ General☐ Other (specify) _____

(a) SUBTOTAL of Itemized Independent Expenditures

463.89

(b) SUBTOTAL of Unitemized Independent Expenditures

(c) TOTAL Independent Expenditures
(carry total from last page forward to Line 7)

SCHEDULE 5-E
ITEMIZED INDEPENDENT EXPENDITURESPAGE **3 / 4**

FOR LINE 7 FOR FORM 5

NAME OF FILER (In Full)

DEFENDERS OF WILDLIFE ACTION FUND

Full Name (Last, First, Middle Initial) of Payee
Ed Yoon

Date

M M / D D / Y Y Y Y
0 5 / 1 9 / 2 0 0 8Mailing Address
146 S. Oxford Ave #1

Amount

472.58

City
Los AngelesState
CAZip Code
90004Purpose of Expenditure
salaryCategory/
Type

Office Sought:

☐ House

State: NM

Senate

☒ Senate

District: _____

☐ President

Check One:

☐ Support☒ OpposeName of Federal Candidate Supported or Opposed by Expenditure:
Heather WilsonCalendar Year-To-Date Per Election
for Office Sought

20071.43

Disbursement For:
2008☒ Primary☐ General☐ Other (specify) _____Full Name (Last, First, Middle Initial) of Payee
Joshua Sabato

Date

M M / D D / Y Y Y Y
0 5 / 1 9 / 2 0 0 8Mailing Address
611 Lead Ave SW #505

Amount

236.34

City
AlbuquerqueState
NMZip Code
87102Purpose of Expenditure
salaryCategory/
Type

Office Sought:

☐ House

State: NM

Senate

☒ Senate

District: _____

☐ President

Check One:

☐ Support☒ OpposeName of Federal Candidate Supported or Opposed by Expenditure:
Heather WilsonCalendar Year-To-Date Per Election
for Office Sought

236.34

Disbursement For:
2008☒ Primary☐ General☐ Other (specify) _____Full Name (Last, First, Middle Initial) of Payee
David Kirk

Date

M M / D D / Y Y Y Y
0 5 / 1 9 / 2 0 0 8Mailing Address
3017 Stevenson Place NW

Amount

206.75

City
WashingtonState
DCZip Code
20015Purpose of Expenditure
salaryCategory/
Type

Office Sought:

☐ House

State: NM

Senate

☒ Senate

District: _____

☐ President

Check One:

☐ Support☒ OpposeName of Federal Candidate Supported or Opposed by Expenditure:
Heather WilsonCalendar Year-To-Date Per Election
for Office Sought

206.75

Disbursement For:
2008☒ Primary☐ General☐ Other (specify) _____(a) **SUBTOTAL** of Itemized Independent Expenditures

915.67

(b) **SUBTOTAL** of Unitemized Independent Expenditures(c) **TOTAL** Independent Expenditures
(carry total from last page forward to Line 7)

SCHEDULE 5-E
ITEMIZED INDEPENDENT EXPENDITURES

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FOR LINE 7 FOR FORM 5

NAME OF FILER (In Full)

DEFENDERS OF WILDLIFE ACTION FUND

Full Name (Last, First, Middle Initial) of Payee
Brian McGann

Date

M M / D D / Y Y Y Y
0 5 / 1 9 / 2 0 0 8Mailing Address
3908 Victoria Oaks Trail

Amount

147.66

City
AnnandaleState
VAZip Code
22003Purpose of Expenditure
salaryCategory/
Type

Office Sought:

☐ House

State: NM

Senate

☒ Senate

District: _____

☐ President

Check One:

☐ Support☒ OpposeName of Federal Candidate Supported or Opposed by Expenditure:
Heather WilsonCalendar Year-To-Date Per Election
for Office Sought

173.92

Disbursement For:
2008☒ Primary☐ General☐ Other (specify) _____Full Name (Last, First, Middle Initial) of Payee
Liam Flynn

Date

M M / D D / Y Y Y Y
0 5 / 1 9 / 2 0 0 8Mailing Address
283 Rimbey Ave

Amount

147.66

City
GahannaState
OHZip Code
43230Purpose of Expenditure
salaryCategory/
Type

Office Sought:

☐ House

State: NM

Senate

☒ Senate

District: _____

☐ President

Check One:

☐ Support☒ OpposeName of Federal Candidate Supported or Opposed by Expenditure:
Heather WilsonCalendar Year-To-Date Per Election
for Office Sought

147.66

Disbursement For:
2008☒ Primary☐ General☐ Other (specify) _____

(a) SUBTOTAL of Itemized Independent Expenditures

295.32

(b) SUBTOTAL of Unitemized Independent Expenditures

(c) TOTAL Independent Expenditures
(carry total from last page forward to Line 7)

1674.88